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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/627,573-Conf. #5228	
	Filing Date	July 24, 2003	
	First Named Inventor	Michael G. Hoffmann	
	Art Unit	1624	
	Examiner Name	D. R. Rao	
Total Number of Pages in This Submission	62	Attorney Docket Number	09879-00034-US

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none">- Return Receipt Postcard- Certified Translation of Priority Document
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	CONNOLLY BOVE LODGE & HUTZ LLP		
Signature			
Printed name	William E. McShane		
Date	May 16, 2005	Reg. No.	32,707

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 5/16/05

Signature: Barbara J. Miller (Barbara J. Miller)



AMENDMENT TRANSMITTAL LETTER			Docket No. 09879-00034-US
Application No. 10/627,573-Conf. #5228	Filing Date July 24, 2003	Examiner D. R. Rao	Art Unit 1624

Applicant(s): Michael G. Hoffmann et al.

Invention: 4-TRIFLUOROMETHYLPYRAZOLYL-SUBSTITUTED PYRIDINES AND PYRIMIDINES

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	21	- 20 =	1	x 50.00	50.00
Independent Claims	6	- 3 =	3	x 200.00	600.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
Extension for response within second month					450.00
Terminal Disclaimer Fee (under 37 CFR 1.20(d))					130.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,230.00

- ☒ Large Entity ☐ Small Entity
- ☐ No additional fee is required for this amendment.
- ☒ Please charge Deposit Account No. 03-2775 in the amount of \$ 1,230.00.
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 03-2775
as described below. A duplicate copy of this sheet is enclosed.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.



William E. McShane
Attorney Reg. No.: 32,707

Dated: May 16, 2005

CONNOLLY BOVE LODGE & HUTZ LLP
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Dated: 5/16/05

Signature:  (Barbara J. Miller)



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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/627,573-Conf. #5228
		Filing Date	July 24, 2003
		First Named Inventor	Michael G. Hoffmann
		Examiner Name	D. R. Rao
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1624	
TOTAL AMOUNT OF PAYMENT	(\$) 1,230.00	Attorney Docket No.	09879-00034-US

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>03-2775</u> Deposit Account Name: <u>Connolly Bove Lodge & Hutz LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
						Small Entity	
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
21 - 20 =		1	x 50.00 =	50.00	Fee (\$)		Fee Paid (\$)
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
6 - 6 =		3	x 200.00 =	600.00			
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____ - 100 =	_____	/50 _____ (round up to a whole number) x		_____ =	_____		
4. OTHER FEE(S)							
						Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1252 Extension for response within second month						450.00	
1814 Statutory Disclaimer						130.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	32,707
Name (Print/Type)	William E. McShane	Telephone	(302) 658-9141
		Date	May 16, 2005

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Dated: <u>5/16/05</u>	Signature: (Barbara J. Miller)